

CLAIMS ONLY						Application Number 101750483	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1						51		
2	1						52		
3	1						53		
4	1						54		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	5						Total Indep		
Total Depend	25						Total Depend		
Total Claims	30						Total Claims		